

MAKE CHECK PAYABLE TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
MAIL TO:

PENNSYLVANIA DEPARTMENT OF REVENUE  
PAYMENT ENCLOSED  
1 REVENUE PLACE  
HARRISBURG, PA 17129-0001

NOTE:  
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),  
'2023 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

2023 PA-40 V PA PAYMENT VOUCHER

1555  
REV 02/24/24 PRO

637-59-2239 SA

2300917792

PAYMENT AMOUNT

SALUNKE  
ADITYA SATIS

908-416-7353

₹ 283.00

APT UNIT B  
1 S DUKE STREET  
MILLERSVILLE  
PA  
17551

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

**PA-40 - 2023**  
**Pennsylvania Income Tax Return**  
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

637592239

SALUNKE

ADITYA SATISH

Occupation SOFTWARE E

Occupation

APT UNIT B

1 S DUKE STREET

MILLERSVILLE

PA 17551

908-416-7353

36520

N Extension. N Amended Return.

R Residency Status.  
PA Resident/Nonresident/Part-Year Resident  
from to

S Single, Married/Filing Jointly,  
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name PENN MANOR

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.
- 4 Net Income or Loss from the Operation of a Business, Profession or Farm.
- 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J**.
- 8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	64300
1b	0
1c	64300
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	64300
10	0
11	64300

N



2300115322

EC	OFFICIAL USE ONLY	FC

PA-40 - 2023

Social Security Number

637592239 Name(s) ADITYA SATISH SALUNKE

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
- 14 Credit from your 2022 PA Income Tax return.
- 15 2023 Estimated Installment Payments. REV-459B included. N
- 16 2023 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:  
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.  
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2024 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		1974
13		1691
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		1691
25		0
26		283
27		0
28		283
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA 6789659522	Date 031924

E-File Opt Out N

Firm FEIN

Preparer's PTIN P02082703



**PA SCHEDULE E**  
Rents and Royalty Income (Loss)

2301410029

PA-40 E (EX) 03-23 (I)  
PA Department of Revenue

**2023**

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule: **ADITYA SATISH SALUNKE** Social Security Number (shown first) or EIN: **637-59-2239**

Sales Tax License Number (if applicable). See the instructions. Are rental payments made by lessees through a third party broker?  Yes  No

**See the instructions.** Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

**SECTION I PROPERTY DESCRIPTION**

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. If more than three properties, submit additional schedules as needed.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A	3 D302 YELLOW ROSE, KATHE LANE, DWA	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	D302 YELLOW ROSE KATHE LANE, DWARKA, NASHIK, 422011, India
B		YES <input type="checkbox"/> NO <input type="checkbox"/>	
C		YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Property type:** 1. Single family residence 3. Vacation/short-term rental 5. Land 7. Self-rental  
2. Multi-family residence 4. Commercial 6. Royalties 8. Other, describe: \_\_\_\_\_

**SECTION II INCOME & EXPENSES**

	Property A	Property B	Property C
<b>Line a:</b> Identify the property from Section I and indicate ownership (T/S/J)	<input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J
<b>Line b:</b> Is the property rental location in PA?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Line c:</b> Is the property rented for any period less than 30 days?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Income:</b> 1. Rent received	634		
2. Royalties received			
<b>Expenses:</b> 3. Advertising			
4. Automobile and travel			
5. Cleaning and maintenance	2,578		
6. Commissions			
7. Insurance			
8. Legal and professional fees			
9. Management fees	2,163		
10. Mortgage interest			
11. Other interest			
12. Repairs	2,751		
13. Supplies	2,363		
14. Taxes - not based on net income			
15. Utilities	2,114		
16. Depreciation expense - See the instructions			
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	11,969		
<b>Income or Loss:</b> 19. Income – Subtract Line 18 from Line 1 or 2			
20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)	<input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0
23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0

REV 02/24/24 PRO

1555



2301410029

2301410029



PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 03-23 (I)

2023

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Includes Primary and Secondary Taxpayer information.

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2023 (whole dollars only)

Table with 2 columns: Line Item and Amount. Lists Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, and Total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.
[X] I authorize GLOBAL TAXES LLC to enter my PIN 92239 as my signature on my tax year 2023 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SECONDARY TAXPAYER'S PIN Mark one oval only.
[] I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2023 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 08271

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature \_\_\_\_\_ Date \_\_\_\_\_

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Name  
ADITYA SATISH SALUNKE

Social Security Number  
637-59-2239

**Federal Forms W-2**

# of W2	* N T / T X B L	TS	N R H	Employer Name  Employer identification number from box B	Federal wages from box 1  Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1	<input type="checkbox"/>	T	<input type="checkbox"/>	AMERICOLD LOGISTICS 22-3631006	59,156.	60,000. 1,691.	PA
2	<input type="checkbox"/>	T	<input type="checkbox"/>	ROBERT HALF INC. 94-1648752	4,300.	4,300. 0.	MA
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>		<input type="checkbox"/>				

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	64,300.	0.
Pennsylvania W-2 to Schedule NRH, line 9 . . . . .		
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Noncash tips . . . . .		
Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . .		
Withholding . . . . .	1,691.	

**Federal Forms W-2: Local Tax**

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1	<input type="checkbox"/>	T	22-3631006	360804	18,282.	183.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	18,282.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Noncash tips . . . . .		
Withholding . . . . .	183.	

**Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements . . . . .		

**Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements**

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

**Pennsylvania Payment type:**

- |   |  |
|---|--|
| <b>A</b> Executor fee   | <b>H</b> Other nonemployee compensation.<br>Describe: _____                  |
| <b>B</b> Jury duty pay  | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>C</b> Director's fee   | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>D</b> Expert witness fee   | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>E</b> Honorarium   | <b>L</b> Distribution from Charitable Gift Annuities                         |
| <b>F</b> Covenant not to compete  | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>Describe: _____ |
| <b>G</b> Damages or settlement for lost wages, other than personal injury | <b>N</b> Fiduciary fees from a trust   |
|   | <b>O</b> Other income not listed above<br>Describe: _____                    |

	<b>Taxpayer</b>	<b>Spouse</b>
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. . . . .	_____	_____
Withholding . . . . .	_____	_____

**Compensation from Federal Forms 1099R**

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- |   |   |
|---|---|
| <b>N</b> No entry   | <b>I22</b> I'm not eligible yet; plan is eligible in PA |
| <b>I31</b> PA school, state, or municipal employee plan                                       | <b>J1</b> Traditional or Roth IRA; I'm over 59.5        |
| <b>I11</b> United Mine Workers pension  | <b>J2</b> Traditional or Roth IRA; I'm under 59.5       |
| <b>I32</b> Military pension   | <b>K2</b> Non-qualified deferred compensation plan      |
| <b>I33</b> U.S. Civil service retirement/disability/annuity                                   | <b>K3</b> Life insurance or endowment                   |
| <b>K1</b> Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | <b>L</b> Distribution from Charitable Gift Annuities    |
| <b>I21</b> Early distribution from a retirement plan  | <b>M1</b> ESOP: Allocated ESOP Stock Dividend           |
| <b>I12</b> Rollover   | <b>M2</b> ESOP: Non-Allocated ESOP Stock Dividend       |
| <b>I13</b> I'm eligible; plan is eligible (no PA tax)   | <b>M3</b> KSOP: Taxable ESOP within a 401(k)            |
|   | <b>M4</b> KSOP: Nontaxable ESOP within a 401(k)         |

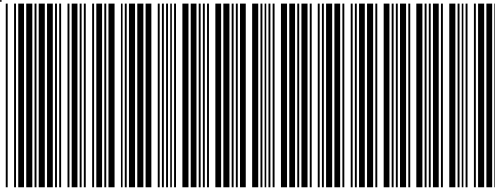
	<b>Taxpayer</b>	<b>Spouse</b>
Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . . . .	_____	_____
Distribution from Charitable Gift Annuities . . . . .	_____	_____
Compensation from Form 1099R (eligible retirement plans) . . . . .	_____	_____
Withholding . . . . .	_____	_____

**Total Gross Compensation**

	<b>Taxpayer</b>	<b>Spouse</b>
Total gross compensation to Form PA-40 line 1a . . . . .	64,300.	0.
Total Schedule NRH gross compensation to PA-40, line 12 . . . . .	_____	_____
Withholding to Form PA-40 line 13 . . . . .	1,691.	_____

Total gross compensation to Form PA-40 line 1a . . . . .	64,300.
--	---------

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.



2023 Form 1-NR/PY

MA23006011555

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning Ending

ADITYA SATISH SALUNKE 637592239

1 S DUKE STREET MILLERSVILLE PA 17551 UNIT B

Fill in if: Amended return Other jurisdiction change Enter date of change Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one: X Nonresident Filing as both nonresident and part-year resident Part-year resident Nonresident composite

a. Total federal income 52121 b. Federal adjusted gross income 52121

1. Filing status (select one only): X Single Married filing jointly Married filing separate return NRA Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

\$1 You \$1 Spouse TOTAL You Spouse You Spouse You Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

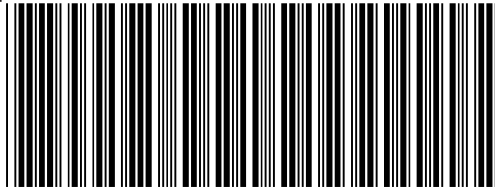
SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

908-416-7353

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





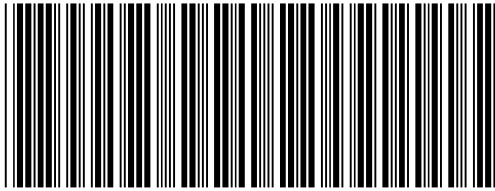
# 2023 Form 1-NR/PY, pg. 2

MA23006021555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
637592239

## 4. Exemptions:

a. Personal exemptions		<b>4a</b>	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = <b>4b</b>	
c. Age 65 or over before 2024	You + Spouse =	x \$700 = <b>4c</b>	
d. Blindness	You + Spouse =	x \$2,200 = <b>4d</b>	
e. Medical/dental		<b>4e</b>	
f. Adoption		<b>4f</b>	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		<b>4g</b>	4400
5. Wages, salaries, tips		<b>5</b>	4300
6. Taxable pensions and annuities		<b>6</b>	
7. Mass. bank interest: a.	- b. exemption	<b>= 7</b>	
8. Business/profession income/loss a.	+ b. Farming income/loss	<b>= 8</b>	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		<b>9</b>	-11335
10a. Unemployment		<b>10a</b>	
10b. Mass. lottery winnings		<b>10b</b>	
11. Other income		<b>11</b>	
12. <b>TOTAL 5.0% INCOME</b>		<b>12</b>	-7035
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:			
Working days (or other basis) outside Massachusetts		<b>13a</b>	
Working days (or other basis) inside Massachusetts		<b>13b</b>	
Total working days		<b>13c</b>	
Nonworking days (holidays, weekends, etc.)		<b>13d</b>	
Massachusetts ratio		<b>13e</b>	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		<b>13f</b>	
Massachusetts income		<b>13g</b>	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2023 Form 1-NR/PY, pg. 3**

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

ADITYA SATISH

SALUNKE

637592239

**14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO**

a. Total 5.0% income	14a	
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	60000
f. Total income	14f	60000
g. Deduction and exemption ratio	14g	

**15a.** Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement

15a

**15b.** Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement

15b

**16.** Reserved for future use

16

**17.** Reserved for future use

17

**18.** Rental deduction. a. ÷ 2 = 18

Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future

**19.** Other deductions from Schedule Y, line 19 19

**20. Total deductions.** Add lines 15 through 19 20

**21. 5.0% INCOME AFTER DEDUCTIONS.** Subtract line 20 from line 12. **Not less than "0"** 21

**22.** Exemption amount. a. 4400 22

**23. 5.0% INCOME AFTER EXEMPTIONS.** Subtract line 22 from line 21. **Not less than "0"** 23

**24. INTEREST AND DIVIDEND INCOME** 24

**25. TOTAL TAXABLE 5.0% INCOME.** Add lines 23 and 24 25

**26. TAX ON 5.0% INCOME. Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585 26

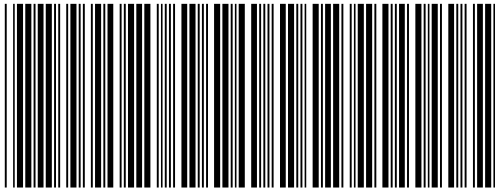
**27. INCOME FROM SCHEDULE B.** Not less than "0."

a. x .085 = 27a

b. x .12 = 27b

**TOTAL TAX ON INCOME FROM SCHEDULE B.** Add lines 27a and 27b 27

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



**2023 Form 1-NR/PY, pg. 4**

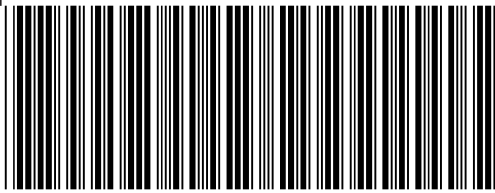
MA23006041555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
637592239

<b>28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS			<b>28</b>
Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
<b>29. Credit recapture amount (from Credit Recapture Schedule)</b>			<b>29</b>
<b>30. Additional tax on installment sale</b>			<b>30</b>
<b>31. If you qualify for No Tax Status, fill in and enter "0" on line 32</b>			
<b>32. TOTAL INCOME TAX.</b>			
a. Income tax. Add lines 26 through 30	32a		
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32b		
c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NRRCR, Nonresident Composite Return. Otherwise, enter 0	32c		
Total tax. Subtract line 32c from the total of lines 32a and 32b			<b>32</b>
<b>33. Limited Income Credit</b>			<b>33</b>
<b>34. Income tax due to another state or jurisdiction</b>			<b>34</b>
<b>35. Other credits (from Credit Manager Schedule)</b>			<b>35</b>
<b>36. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. <b>Not less than "0"</b>			<b>36</b>
<b>37. Voluntary Contributions</b>			
a. Endangered Wildlife Conservation			<b>37a</b>
b. Organ Transplant Fund			<b>37b</b>
c. Massachusetts Public Health HIV and Hepatitis Fund			<b>37c</b>
d. Massachusetts U.S. Olympic Fund			<b>37d</b>
e. Massachusetts Military Family Relief Fund			<b>37e</b>
f. Homeless Animal Prevention and Care			<b>37f</b>
Total. Add lines 37a through 37f			<b>37</b>
<b>38. Use tax due on Internet, mail order and other out-of-state purchases</b>			<b>38</b>
<b>39. Health care penalty</b> a. You                                + b. Spouse			<b>39</b>
<b>40. Amended return only.</b> Overpayment from original return			<b>40</b>
<b>41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 40			<b>41</b>
<b>42. a. Massachusetts income tax withheld from Form(s) W-2</b>	42a	215	
b. Massachusetts income tax withheld from Form(s) 1099	42b		
c. Massachusetts income tax withheld from other forms	42c		
Total. Add lines 42a through 42c			<b>42</b>

215

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**





**2023 Schedule INC**

MA23INC011555

ADITYA SATISH

SALUNKE

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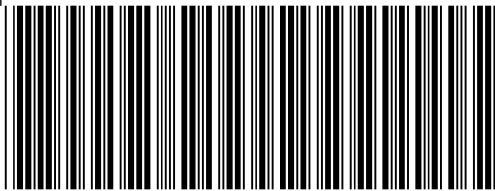
**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
941648752	215	4300			W2

TOTALS

215

4300



# 2023 Schedule NTS-L-NRPY

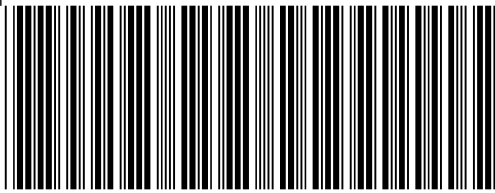
MA23021011555

No Tax Status and Limited Income Credit

637592239

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	60000
8. Total income. Combine lines 3 through 7	8	60000
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	60000
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



# 2023 Schedule E

MA23013041555

ADITYA SATISH

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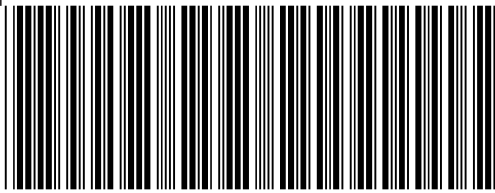
## Income or Loss from Real Estate and Royalties

### Income

1. Rents received	1	634
2. Royalties received	2	

### Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	2578
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	2163
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	2751
13. Supplies	13	2363
14. Taxes	14	
15. Utilities	15	2114
16. Other expenses	16	
17. Add lines 3 through 16	17	11969
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	11969
20. Income or loss from rental real estate or royalty properties	20	-11335
21. Deductible rental real estate loss	21	-11335
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-11335
24. Rental real estate and royalty income or loss	24	-11335



## 2023 Schedule E, pg. 2

MA23013051555

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### Income or Loss from Partnerships and S Corporations

25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

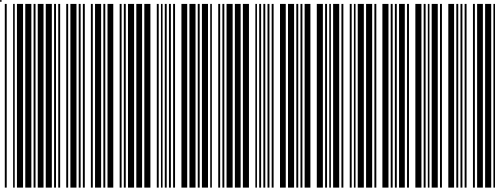
### Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

### Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53





**2023 Schedule E, pg. 3**

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**Farm Income**

54. Net farm rental income or loss 54

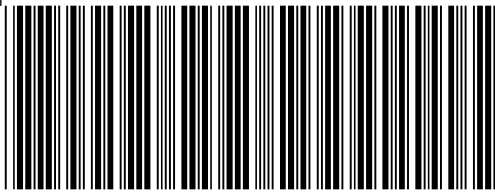
**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54 55 -11335

56. Massachusetts differences Enclose statements 56

57. Abandoned building renovation deduction 57

58. Total income or loss. Combine lines 55 through 57 58 -11335



# 2023 Schedule E-1

MA23013011555

ADITYA SATISH SALUNKE 637592239  
D302 YELLOW ROSE, KATHE LANE  
D302 YELLOW ROSE KATHE LANE

Check one:  Real estate  Royalty  Rental property used for short-term rentals

## Income or Loss from Real Estate and Royalties

### Income

1. Rents received	1	634
2. Royalties received	2	

### Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	2578
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	2163
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	2751
13. Supplies	13	2363
14. Taxes	14	
15. Utilities	15	2114
16. Other expenses	16	
17. Add lines 3 through 16	17	11969
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	11969
20. Income or loss from rental real estate or royalty properties	20	-11335
21. Deductible rental real estate loss	21	-11335
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-11335
24. Rental real estate and royalty income or loss	24	-11335
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		